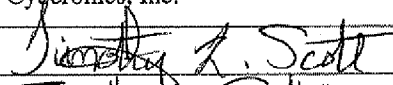


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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/661,641		
	Filing Date	September 15, 2003		
	First Named Inventor	Burke T. Barrett		
	Title	Treatment of Neuropsychiatric Disorders by Near-Diaphragmatic Nerve Stimulation		
	Art Unit	3762		
	Examiner Name	Scott M. Getzow		
	Attorney Docket No.	1000.026CON		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith.  <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 41332				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 41332				
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		
I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Assignment Recorded 10/23/2001 at Reel/Frame 012341/0228.</i>				
<b>SIGNATURE of Applicant or Assignee of Record</b>				
Company	Cyberonics, Inc.			
Signature				
Name:	Timothy R. Scott			
Date	09/07/06		Telephone: 281-727-2652	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.				